DECERTIFICATION SIGNATURE CARD

NAME: (print)	DATE:
ADDRESS:	
POSITION:	TELEPHONE:(Area Code & Number)
I no longer wish to	be represented by(Name of Organization)
	(Name of Organization)
	, its agents or representatives for the purpose of collective negotiations with ons of employment, the negotiation of collective agreements, and any questions arising
I hereby revoke ev	ery other designation of authorization, if any, previously made by me for such purposes.
	(Signed)
WITNESS:	
	(Cut here ×)
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